

CENTRAL FAX CENTER

**RatnerPrestia**

WE SPECIALIZE IN THE LAW OF CREATIVITY®

JAN 23 2004

OFFICIAL

☒ Suite 301, One Westlakes, Berwyn
P.O. Box 980
Valley Forge, PA 19482-0980
Phone: 610-407-0700
Fax: 610-407-0701

☐ Nemours Building
1007 Orange Street, Suite 1100
P.O. Box 1596
Wilmington, DE 19899
Phone: 302-778-2500
Fax: 302-778-2600

www.ratnerprestia.com

☐ Suite 265
Commerce Corporate Center
5100 Tilghman Street
Allentown, PA 18104
Phone: 610-530-8100
Fax: 610-530-8200

FACSIMILE COVER SHEETDATE: January 23, 2004OUR REF.: ORA5005USANP(J&JO-101US2)

TIME: _____

YOUR REF.: 10/007,197

TO:	U.S. Patent and Trademark Office
COMPANY:	
FROM:	Robert L. Andersen
FAX TELEPHONE:	703-872-9306
OFFICE TELEPHONE:	
TITLE OF DOCUMENT:	Communication w/encs (POA and Corresp. Address Change & Statement Under 37 CFR 3.73(b))

Total Number of Pages: 5 (including this form)

COMMENTS

CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION

This facsimile transmission (and/or documents accompanying it) may contain attorney/client privileged communications and confidential business information that is intended for use only by the individual or company to whom it is addressed. Disclosure, interception, copying or any other use of this transmission by anyone other than any intended recipient is prohibited. If you receive this transmission by mistake, please notify the sender.

Please notify us immediately if you have not received the number of pages indicated above.

OFFICIAL

PTO/SB/21 (08-03) (AW 10/2003)

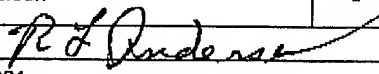
Approved for use through 7/31/2008. OMB 0651-0031


U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/007,197
	Filing Date	December 4, 2001
	First Named Inventor	James Ronald Lawter
	Art Unit	1517
	Examiner Name	E. J. Webman
Total Number of Pages in This Submission 3		Attorney Docket No. ORA5001USCNT1(J&JO-101US2)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Communication; Statement Under 37 CFR 3.73(b)
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual	Robert L. Andersen	Registration No. (Attorney/Agent)	25,771
Signature			
Date	January 23, 2004		

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
			January 23, 2004
Name (Print/Type)	Patricia C. Boccella		
Signature		Date	January 23, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 10/007,197
Applicant: James R. Lawter
Filed: June 20, 2003
Title: FORMULATION FOR TREATING OR PREVENTING MUCOSITIS
TC/A.U.: 1617
Examiner: E. J. Webman

COMMUNICATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

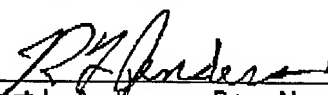
Sir :

Attached is an executed Power of Attorney and Correspondence Address Indication Form and a Statement Under 37 CFR 3.73(b). All future correspondence should now be directed to the attention of

Robert L. Andersen
RatnerPrestia
P.O. Box 980
Valley Forge, PA 19482-0980

Phone: 610-407-0700
Fax: 610-407-0701

Respectfully submitted,


Robert L. Andersen, Reg. No. 25,771
Attorney for Applicant

RLA/pb

Dated: January 23, 2004
P.O. Box 980
Valley Forge, PA 19482-0980
(610) 407-0700

The Commissioner for Patents is hereby authorized to charge payment to Deposit Account No. 18-0350 of any fees associated with this communication.

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (703-872-9306) on the date shown below.

January 23, 2004
Patricia C. Baucella

I:\J&J\101us2\Communication.DOC

PTO/SB/81 (08-03) (AW 10/2003)

Approved for use through 11/30/2005. OMB 0651-0035

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
AND
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/007,197
Filing Date	December 4, 2001
First Named Inventor	James R. Lawter
Title	FORMULATION FOR TREATING OR PREVENTING MUCOSITIS
Art Unit	
Examiner Name	
Attorney Docket Number	ORA5001USACNT1(J&JO-101US2)

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23122

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

Address

City

Country

State

Zip

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Timothy Tracy		
Signature	<i>[Signature]</i>		
Date	1/23/04	Telephone	732-524-6585

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22303-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

ORA5001USACNT1 (J&JO-101US2)

PTO/SB/95 (04-05) (AW 09/03)

Approved for use through 04/30/2003. CMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: OraPharma, Inc.Application No./Patent No.: 10/007,197Filed/Issue Date: December 4, 2001Entitled: FORMULATION FOR TREATING OR PREVENTING MUCOSITIS

states that it is:

- 1 ☒ the assignee of the entire right, title, and interest; OR
- 2 ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 011173, Frame 0010, or for which a copy thereof is attached.

OR

- B ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Date

732-524-6586

Telephone Number

Timothy E. Tracy

Typed or printed name

Signature

Assistant Secretary

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.